

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

10/523922

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7	1						57						
8		1					58						
9		2					59						
10		2					60						
11		1					61						
12		1					62						
13	1						63						
14		1					64						
15		2					65						
16		2					66						
17		2					67						
18		1					68						
19		1					69						
20	1						70						
21		1					71						
22		2					72						
23		2					73						
24		2					74						
25		1					75						
26		1					76						
27							77						
28							78						
29							79						
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31							81						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	37	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	41						TOTAL CLAIMS						